

Federal Communications Commission
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Washington, DC 20554

Chairman Ajit Pai
Commissioner Michael O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Commissioner Geoffrey Starks

**Utah Education and Telehealth Network Response to
WC Docket No. 17-310
Determining Urban and Rural Rates in the Rural Health Care Program**

The Utah Education and Telehealth Network, as a consortium of public and higher education, health care providers and public libraries, connects Utah school districts, public K-12 schools, higher education institutions, libraries and telehealth stakeholders to a robust network and quality educational and telehealth resources. It is one of the nation's premier education networks providing Internet access to stakeholders throughout Utah. UETN also provides critical access to Internet2 resources for Utah's higher education research institutions. The network provides high quality broadband and network access in a cost-effective manner by contracting for and providing Wide Area Network, Internet, and educational services from telecommunications and Internet providers as a public private partnership.

As an organization that connects over 70 healthcare locations, including remote rural locations, UETN supports the FCC's guiding principle that rural health care providers (HCPs) should not pay more than their urban counterparts for telecommunications services.

Under the existing FCC rules, applicants must justify the rural rate calculation to determine the reimbursement amount. While we understand the FCC's intent to develop policies that create transparency and predictability for RHC participants and promote fiscal responsibility, we assert there are more efficient ways to accomplish this goal. Based on our expertise in applying for funding through this program and our experience working with small HCPs in remote rural areas, UETN has a responsibility to advocate for a more simplified process to alleviate the administrative burden these entities experience as they try to obtain telecommunications services.

While UETN strongly agrees that HCPs should pay a competitive rate that is not above the tariffed rate or rates charged to commercial customers, placing the burden of proof on small HCPs will discourage them from applying for funding. The RHC Telecommunications program was designed to level the playing field for small rural health care providers. These requirements make it increasingly difficult for a small community health center or critical access hospital to complete the application process without the assistance of a consultant or participation in a larger network. Broadband providers have greater expertise in assessing appropriate rates and can provide detailed information to support their charges.

The complexity of the process is particularly burdensome in remote rural areas where the HCP has only one broadband service provider option. It is also extremely difficult for HCPs with only one location to be able to determine a reasonable rate or to benefit from economies of scale. They may struggle to obtain rate comparisons if broadband providers are reluctant or unable to provide the information, particularly if there is no tariffed rate or the provider has no other local customers.

Due to these considerations, UETN recommends the FCC work more closely with broadband providers to ensure appropriate rates are being charged to these HCPs. This could be achieved by incorporating a rate declaration into the broadband provider's registration process or by having them certify on their reimbursement forms that their charges are comparable to all tariffed or commercially available rates. The rates would be based on comparable commercial rates where the healthcare provider is located or publicly available rates in a comparable rural area where at least one other service provider offers functionally similar services. The broadband provider could also submit approved cost-based rates from either the FCC or the appropriate state public service commission.

The Universal Service Administrative Company (USAC) could then ask the broadband provider to submit appropriate documentation, such as rates being charged to commercial customers, the average of tariffed or other publicly available rates, as well as submitting documentation to show the urban rate provided is compliance with the urban rate rule. HCPs could include a statement on their requests for proposal (RFPs) notifying applicants that the winning bidder will need to provide a statement to the FCC to certify these rates during the reimbursement process.

In establishing the acceptable urban rate, the FCC currently accepts Safe Harbor Rates from the USAC website. If the FCC plans to continue to accept these rates, UETN recommends these rates be updated to reflect current technologies. The USAC website currently lists pricing exclusively for DS3 (45 Mbps MTM), T-1 (1.544 Mbps MTM) and voice grade (single determination) technologies which have been listed since the inception of the Telecommunications Program nearly 20 years ago. These rates would be a helpful tool if they were regularly updated to reflect current technologies and pricing.

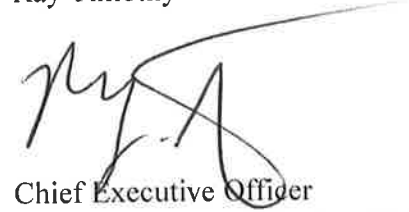
UETN also recommends the FCC develop methods to increase efficiencies between the RHC and E-Rate programs. For example, the FCC could expand the RHC program to be able to run concurrently with the E-Rate program. UETN would then be able to issue a combined RFP in the fall with all new service requests for both health care and education constituents. This will result in cost synergies and economies of scale which will be of great benefit to applicants and the USF programs in general. This joint RFP process will allow telecommunications providers the opportunity to reduce construction and installation costs on projects to areas where both education and health care services are sought on the same RFPs and deliver better services for lower cost. Right now, these programs are not aligned to allow this.

SHLB also urges the FCC to include a common standard that could apply equally to the rural health care providers to allow for more equitable costs and access. For example, even after the 65% discount under the Healthcare Connect Fund is applied, services are still too cost prohibitive for remote rural healthcare facilities to afford. UETN has seen the effects of this in very remote communities where the cost to deliver services is very expensive (San Juan County, Utah, etc.). Discount rates could better meet the needs of these remote rural facilities if the discounts were also based on rurality and poverty levels. The FCC should invite comments from the public on how standards and calculations could be derived for projects proposing to serve multiple stakeholders under a single application to provide better equitable broadband access.

UETN thanks the FCC for the opportunity to comment and hopes the FCC will take these issues under advisement to find sustainable solutions for rural HCPs.

Sincerely,

Ray Timothy

A handwritten signature in black ink, appearing to be 'Ray Timothy', with a long, sweeping horizontal line extending from the end of the signature.

Chief Executive Officer
Utah Education and Telehealth Network